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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09 891.023
Filing Date	6.25.01
First Named Inventor	Janigro
Group Art Unit	1647
Examiner Name	Turner, Sharon L.
Attorney Docket Number	26336-8
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#6

To: Assistant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The Applicant has terminated representation by the attorneys associated with Customer No. 21130. The relevant papers and property in attorney's file concerning prosecution of the application have been delivered to Applicant's new counsel.

					10/29/02		
1. The corresponde	ence address is NOT affected by th	nis withdrawal.					
2. X Change the corre	espondence address and direct all	future corresp	ondence to:				
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OR			Bai		)et tiere		
X Firm or Individual Name	Raymond A. Miller c/o Pepper Hamilton LLP						
Address	500 Grant Street						
Address	50th Floor						
City	Pittsburgh	State	PA	ZIP	15219-2502		
Country	United States						
Telephone	412-454-5000	Fax	412-281-0717				
$\overline{\mathbb{X}}$ the attorneys/age		nber <u>21130</u>	ched paper(s),	or			
Name Stever	ı M. Auvil						
Signature 5	tun. Cof						
Date /o	-9-02						
NOTE: Withdrawal is effective	ve when approved rather than when re	eceived.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.